



**HAWAII STATE ETHICS COMMISSION**  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Hirano,	Amy	C.	808-536-5688
MAILING ADDRESS (Street)			FAX
84 N. King Street			808-536-7520
(City)	(State)	(Zip Code)	
Honolulu,	HI	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Pacific Management Consultants, Inc.			808-536-5688
MAILING ADDRESS (Street)			FAX
84 N. King Street			808-536-7520
(City)	(State)	(Zip Code)	
Honolulu,	HI	96817	

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
The Wine Institute		253-952-0368
MAILING ADDRESS (Street)		FAX
6001 Indian Trail NE		253-943-3388
(City)	(State)	(Zip Code)
Tacoma,	WA	98422
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Catherine Jacoy		253-952-0368
MAILING ADDRESS (Street)		FAX
6001 Indian Trail NE		253-943-3388
(City)	(State)	(Zip Code)
Tacoma,	WA	98422

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> Agriculture                              | <input type="checkbox"/> Education                                 | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities                   | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs                          | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation                | <input checked="" type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                                   | <input type="checkbox"/> Public Safety & Corrections                        | _____   |
|  |  |   | _____   |

**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

*Amy Haines*

(Signature of Lobbyist)

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Catherine Jacoy	Western Counsel

NAME OF ORGANIZATION (if applicable)

The Wine Institute

TELEPHONE

MAILING ADDRESS (Street)

6001 Indian Trail NE

FAX

(City)

Tacoma,

(State)

WA

(Zip Code)

98422

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*

*Catherine Jacoy Western Counsel*

(Signature of Authorizing Officer or Person Represented)

*1/8/07*

(Date)